

Exhibit “A”

FHC: 8/15/78
 APADAKIS, PAUL
 CONTINUED

he recently reinjured a few days ago playing baseball. This causes him some spasm in his low lumbar areas.

Additionally, approximately a month ago, he had several weeks of diarrhea, which caused rather significant weight loss of about 10 pounds which the patient has gained back with spontaneous cessation of diarrhea and no other symptoms. In relation to this, he relates that he has not drunk milk since he was in the service when he began to make him nauseated but does ~~separately~~ take of ice cream, butter, cheese, etc. He denies any other GI symptoms, since then or prior to that, however, denies any blood, etc. His history is as previously detailed.

PE: Reveals him to be well-developed and nourished with vitals as listed. Physical examination reveals no abnormalities except for minor lower lumbar muscle tenderness in minimal spasm. Leg raising is negative.

Laboratory reveals his EKG remaining normal. Spirogram normal. Normal visual acuity, and audiogram. Normal urinalysis and sed. rate. Normal chest x-ray and multiphasic screen showing a borderline high bilirubin at 1.81, but otherwise a normal screen. HDL remains stable in a low risk group.

IMP: #1 Lumbosacral strain.
 #2 Recent diarrhea episode, ? lactose intolerance, (doubt), but ? any relationship to slightly elevated bilirubin.

PLAN: General health council, Parafon Forte 2 qid., heat and back exercises prescribed. The patient will have a recheck on his bilirubin on his next physical in about 1 1/2-2 years. Obviously, if he should have remitting symptoms or recurrence of diarrheal episodes, he should contact us for further work-up.

FHC:pds

7/9/79

122
 82
 7/9/79

FHC

CC discomfort left knee.

Patient apparently had Osgood-Schlatter disease in the left knee as a youngster, having some discomfort for a number of years then. He apparently developed an abrasion over the lateral aspect of the left lower leg, just below the knee and over the tibial tuberosity playing softball a few months ago and has had some sensitivity in that area when he kneels ever since. There is no difficulty on sitting, walking, etc. only when changing position from a prolonged sitting or a kneeling on the knee.

PE: Reveals a prominent tibial tuberosity but no other abnormalities. No internal derangement of the knees ascertained.

IMP: Probable simple contusion over the tibial tuberosity, question early pre-patellar bursitis.

8-11-77 wt. 165 1/2 Wt. 5'9" BP (R) 110/62 AP 60 R. 20
T 98.4

FHC: 8-11-77 Paul Papadakis

28-year-old white male for follow up and CPX last one 1 1/2 years ago.

Interim History: Since last seen had headaches diagnosed as tension headaches. He was given Valium which he used occasionally but had a complete resolution of headaches after etiologic diagnosis was made.

Other interim history has been essentially unremarkable with exception of 3 weeks history of occasional soft stool episode in afternoon usually on a hot day when he was perspiring excessively and drinking considerable amounts of cold fluid. He found that by avoiding cold fluid, the diarrhea disappeared.

He additionally caused a strain in left quadriceps muscle playing on softball league last week, jumping over a fence.

PE: Well developed and nourished 27-year-old white male in no acute distress. Vital signs as listed showing weight loss of 7 lbs. which patient relates is a seasonal variable. HEENT are normal. Neck is unremarkable. Chest clear to P&A. Heart is normal. Abdomen is unremarkable. Rectal is normal. Stool is hemtest negative. Genitalia is normal without hernias. Extremities are unremarkable and no tenderness, left quadriceps or swelling. Neurologic is normal. Pulses are intact. Normal EKG no change from previously. Vision is 20/20. Audiogram is completely normal. Urinalysis is normal. 161 profile is normal with HDL level of 849 indicating low coronary disease risk. Forced vital capacity is normal. Chest x-ray not performed.

IMP: Essentially normal male with history of tension headaches, now resolved. Recent quadriceps strain on left and minor soft stool episodes, secondary to either cold fluids or mild hyponatremia. Past history of migraines.

Plan: Routine advice as to management of quadriceps strain. Encouraged to use warmer fluids and possibly Gatorade for fluid replacement during hot weather and we will have a chest x-ray performed for record which will be reported to him if abnormal. He will return prn. FHC:ko

FHC: 8/17/77 6 PM with a note for the chart of Mr. Paul Pappadakis. There was a call concerning 1 1/2 days of fever, nausea, vomiting, and diarrhea. Fever is running around 102 degrees. Vomitting seems to have settled down this afternoon. No episodes of diarrhea this afternoon. Advised to use Tylenol 15 grains every 3 hrs. prn along with clear liquids and to contact the office if there are any further problems.

1-9-78 recall card made for Aug emc

FHC: 8/15/78
PAPADAKIS, PAUL

Follow-up routine physical for this 30-year-old white male. Past problems, basically none. Past History, minor tension headaches. Minor muscle strains.

IH: The patient has been healthy except for minor recurrent low backstrain, which

CONTINUED-----OVER

Exhibit “B”

7-26-85 Transdown scope x2 given per FHC/PJ.

2/16/85 weight: 185 BP 110/58 T- 97° P- 68

12-16-85

Papadakis, Paul

FHC

Pt. in with some chest discomfort, having been working out in a healthclub and having some persistent discomfort in the right back, also a little bit in the right forward chest and he was told by the individual there that he should have his lungs checked. He additionally has been having some fall off of exertional tolerance due to shortness of breath riding a Lifecycle and also when he has been outside in cold air, he has noticed some wheezing at those times.

EXAM: We find his lungs to be clear with some chest wall tenderness in the right pectoral area and nothing much posteriorally, his chest x-ray is unremarkable, spirogram shows some reversible bronchospasm.

IMP: Probable asthma induced by cold and exercise
Chest wall discomfort due to muscular strain from exercise activities.

PLAN: Reassurance concerning chest discomfort, use of Brethaire inhaler PRN in advance of exercise and if things don't do well will let us know for further longer term respiratory therapy consideration.

FHC/baf

(1-7-86) Feb recall sent/LOB

(1-23-86) Nurse's letter/LOB

2/11/11/86 neg x3 Hemocults

2/19/20/86 neg x2 Hemocults

2-20-86

WT
181

BP
112/20

T
98°

P
72

9-1-86 Oct recall

Exhibit “C”

MERCY HOSPITAL										EMERGENCY ROOM										MEDICAL RECORDS COP									
MEDICAL RECORD NO.		PATIENT NO.		ARRIVAL TIME		DATE		ADMIT TIME		DISCHARGE DATE		SURGERY DATE		PAT. TYPE		HOSP. SERV.		ROOM-BED											
00070312		275085		18:40		12/10/93		19:01						E		EMR													
PATIENT NAME				PATIENT ADDRESS				CITY				STATE		ZIP		TELEPHONE													
PAPADAKIS, PAUL				54 CARMEL LANE				FEEDING HILLS				MA		01030		413-786-6158													
SOCIAL SECURITY NO.				AGE		RACE		SEX		MARRIAGE STATUS		PREVIOUS NAME		RELIGION		RELIGIOUS ORGANIZATION (PARISH)		LAST REGISTRATION DATE											
023-38-4947				45		1		M		M				001		ST. GEORGE'S GREEK ORTH.		SPFLD											
DATE OF BIRTH				BIRTHPLACE		CITY		OCCUPATION		LAST REGISTRATION DATE		ADMITTED BY		HOSPICE		ADVANCE DIRECTIVE													
02/04/1948				SPFLD		MA		TRACK FOREMAN				LF01				N													
CAUSE OF INJURY/CHIEF COMPLAINT										ADMITTING DIAGNOSIS																			
FALLING - AUTO ACCIDENT/INJURY																													
ADMITTING PHYSICIAN NAME				ADM. PHYSICIAN NO.		SERVICE		TELEPHONE		UPIN NUMBER		APPROVAL NUMBER																	
				000001		MED		413-000-0000		DTH000																			
PRIVATE PCC PHYSICIAN NAME				PCC PHYSICIAN NO.		SERVICE		TEL. PHONE		UPIN NUMBER		APPROVAL NUMBER																	
EMERGENCY CONTACT NAME				RELATION		ADDRESS		CITY		STATE		ZIP		TELEPHONE															
PAPADAKIS, KATHLEEN				WIFE		54 CARMEL LANE		FEEDING HILLS		MA		01030		413-786-6158															
ADMIT TYPE		ADMIT SOURCE		REFERRAL SOURCE		CLINIC CODE		METHOD OF ARRIVAL		EMERGENCY CONTACT WORK PHONE		WORK PHONE EXT.																	
P		P		FAS				AMBULATORY																					
GUARANTOR NAME				RELATION		ADDRESS		CITY		STATE		ZIP		TELEPHONE															
PAPADAKIS, PAUL				S		54 CARMEL LANE		FEEDING HILLS		MA		01030		413-786-6158															
GUARANTOR EMPLOYER NAME				CITY		STATE		ZIP		GUARANTOR OCCUPATION																			
CONRAIL				W		SPRINGFIELD		MA		01089		TRACK FOREMAN																	
EMPLOYER NAME				ADDRESS		CITY		STATE		ZIP		TELEPHONE																	
CONRAIL						W		SPRINGFIELD		MA		01089																	
EMPLOYER AT TIME OF INJURY				ADDRESS		CITY		STATE		ZIP																			
CONRAIL																													
EMPLOYER'S INSURANCE COMPANY				CITY		STATE		ZIP																					
CONRAIL				W		SPRINGFIELD		MA		01089																			
PRIM. INS. CODE		PRIMARY INSURANCE COMPANY NAME		SUBSCRIBER NAME		RELATION		POLICY NUMBER / RID NUMBER		GROUP NUMBER																			
X01		MIDDLESEX AUTO INS.		PAPADAKIS, PAUL		S		N/A																					
X03		TRAVELERS		PAPADAKIS, PAUL		S		N/A																					
TERT. INS. CODE		TERTIARY INSURANCE COMPANY NAME		SUBSCRIBER NAME		RELATION		POLICY NUMBER / RID NUMBER		GROUP NUMBER																			
PRIMARY INSURANCE COMPANY CONTACT NAME				SECONDARY INSURANCE COMPANY CONTACT NAME				TERTIARY INSURANCE COMPANY CONTACT NAME																					
FINAL CLASS		MASS HEALTH CARD NO. - SEQUENCE NO.		PRIMARY LANGUAGE		INTERP.		REMARKS		84.0		87.02																	
X				ENGLISH								93.52																	
VERIFIED LF 12-10-93																													
LOCATION SPRINGFIELD ST. AGAWAM										EU		PT		PRIORITY		1		2		8		ALLERGIES		Y/N		P24			
<input type="checkbox"/> X-RAY										<input type="checkbox"/> EKG										OS		OD		<input type="checkbox"/> PULSE: OXI		<input type="checkbox"/> CBC		<input type="checkbox"/> CoD	
HVA live (to 2) / R 56+ N. LOC PMH. 10																													
in stopped and recorded																													
C/O neck pain																													
upper back pain																													
Cervical spine																													
Diagnosis																													
<input type="checkbox"/> Transfer																													
<input type="checkbox"/> Cond. Disch.																													
<input type="checkbox"/> Same																													
<input type="checkbox"/> Good																													
<input type="checkbox"/> Improved																													
<input type="checkbox"/> Home																													
<input type="checkbox"/> Admit																													
<input type="checkbox"/> Med.																													
<input type="checkbox"/> Exam																													
<input type="checkbox"/> Police																													
<input type="checkbox"/> Ancil. DR. SIGN																													
DR.																													
RX																													
MEDICATIONS																													
TIME																													
SECONDARY ASSESSMENT																													
HYPERTEN																													
Nurses																													
Notes																													
DISCHARGE SUMMARY																													
ET OUTCOME(S) MET																													
EXP. TO BE MET																													
DISCHARGE INSTRUCTIONS																													
UNDERSTOOD																													

640

Mercy Hospital Triage Worksheet

10-10-1993 at 06:43:35PM

Name: PAPADAKIS, PAUL

Case No.:

DOB: 02/04/48

Age: 45 yrs.

Sex: male

CHIEF COMPLAINT: minor automobile accident

ALLERGY: no known allergies: NKA

LAST TETANUS SHOT:

NONE

UNKNOWN

OF YEARS

Vital Signs - T: 98.4 [PO] P: 60 R: 16 BP: 117/73 Wt:

SEEN W/I LAST 48 HOURS FOR THE SAME CHIEF COMPLAINT: no

Subjective: MVA, neck and back pain

Past Medical History: NONE

Injury occurred: MINUTES 2 1/2 HOURS DAYS prior to triage

Pt was: PEDESTRIAN

Pt was seated: BACK: RT LF MIDDLE DRIVER PASSENGER

Pt's vehicle: CAR TRUCK VAN BIKE MOTORCYCLE FRONT: RT MIDDLE

Other vehicle: CAR TRUCK VAN BIKE MOTORCYCLE

Seat belted: NO YES

Ambulatory on arrival: NO YES

Prior treatment/same accident: NO YES HERE ELSEWHERE

Collision: RT LF REAR HEAD-ON

Difficult breathing: NO YES

Loss consciousness: NO YES Duration:

Pain: NO YES Location: neck + back (1-10)

Vomiting: NO YES HTIMES Bleeding: NO YES

Confusion: NO YES Seizures: NO YES

Weakness: NO YES Numbness: NO YES

Alcohol: NO YES Drugs: NO YES

Medications: Hutsin

OBJECTIVE: oriented, cooperative skin w/d color good

pupils equal

CONSCIOUS: ALERT OTHER

TRAUMA: HEAD CHEST ABDOMEN EXTREMITIES

Neck collar: NO YES STIFF SUPPLE Motion: FULL LIMITED

Neur: PARALYSIS: NO YES Localization

ANESTHESIA: NO YES Localization

NURSING DIAGNOSES: ALTERED COMFORT: PAIN POTENTIAL FOR HEMORRHAGE

PLAN: (TO APPROPRIATE AREA)

LAB: CBC UA LYTES PS BUN ABG CREATININE AMYLASE
TYPE & CROSS HOLD CLOT

XRAY:

EXPECTED OUTCOME: PAIN CONTROL/ABSENT MEMODYNAMICALLY STABLE

The law requires us to perform a medical screening examination to determine whether you have an emergency medical condition or are in active labor. Depending on the result, the examination itself and/or the medical treatment provided may not be covered by your insurance.

Patient's Signature

R.N. Signature

Priority: 1 2 3

Location: WR

ED CLINIC

RMD (arriving for)

Start: 06:41:50P

Print: 06:43:35P

01:45

Triage completed: 6:46pm

Date 01/03/94	Our Policyholder Paul T. Papadakis	Date of / ent 12/ /93	Claim Number
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TO ASSIST US IN DETERMINING BENEFITS DUE UNDER THE PERSONAL INJURY PROTECTION LAW THE ATTENDING PHYSICIAN MUST COMPLETE THIS REPORT. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE PERSONAL INJURY PROTECTION LAW.

MVA CENTER FOR REHABILITATION
300 STAFFORD STREET SUITE 360
SPRINGFIELD, MA 01104

Return To: Bureau of Unemployment
U.S. Railroad Retirement
P.O. Box 10695
Chicago, IL 60610
EXT.

1. Patient's Name and Address Paul T. Papadakis (7151) 54 Carmel Lane Feeding Hills 01030			
2. Age 45	3. Sex M	4. Occupation (If Known) TRACK FOREMAN	
5. History of Occurrence as Described by Patient: Driver. He was rear ended in a line of traffic.			
6. Diagnosis and Concurrent Conditions: Cervical Strain, Post Traumatic Cervical Syndrome.			
7. When did symptoms first appear? Date: 12/10/93		8. When did patient first consult you for this condition? Date: 12/15/93	
9. Has patient ever had same or similar condition? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", state when and describe:			
10. Is condition solely a result of this accident? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:			
11. Is condition due to injury or sickness arising out of patient's employment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. Will injury result in permanent disfigurement or permanent disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", describe:			
13. Patient was disabled (Unable to work) From: 12/10/93 Through: PRESENT		14. If still disabled the patient should be able to return to work on: Date: UNKNOWN	
15. If patient was hospitalized, Name of Hospital:		Period of Hospitalization From: To:	
16. Report of services and attach itemized bill:			
Date of Service	Place of Service	Description of Surgical or Medical Service Rendered	Charges
PLEASE SEE ATTACHED ITEMIZED BILL.			\$
			\$
			\$
TOTAL CHARGE OF DATE			\$
17. Is patient still under your care for this condition? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		18. Amount Paid by Patient	\$
		19. Estimated future charges	\$ UNKNOWN

01/03/94 Desmond Ebanks, M.D.

04-3088319

Physician's Name (Print)

Physician's Signature

IRS/TIN Identification No.

300 Stafford Street, Suite 360

Springfield

MA

01104

No.

Street

City or Town

State

Zip Code